

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010113

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 22

STATE FILE NUMBER

FILED FEB 25 1963

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson Twp.</u>		c. CITY OR TOWN <u>Raymondville</u>	
Length of stay in lb <u>14 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No. of Raymondville</u>		d. STREET ADDRESS (If outside, give location) <u>No. of Raymondville</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>ANNE</u> Last <u>NICKELS</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/24/1897</u>	9. AGE (last birthday) <u>65</u>	10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Meta, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Hood Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Rose</u>	
14. NAME OF HUSBAND OR WIFE <u>Clyde Nickels</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>Clyde Nickels, Raymondville, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u> DUE TO (b) <u>cachexia + debilitation</u> DUE TO (c) <u>Severe diabetes Mellitus +</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Not definite</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive + hypertensive heart disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Licking, Mo.</u>	
20g. COUNTY <u>Pulaski</u>		20h. STATE <u>Missouri</u>	

21. I attended the deceased from <u>1960</u> to <u>1963</u> and last saw her <u>alive</u> on <u>Feb 10, 1963</u>	
Death occurred at <u>7:25 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>B. J. Myers D.O.</u>	22b. ADDRESS <u>Licking, Mo.</u>
22c. DATE SIGNED <u>2/11/63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/12/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Iduma Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pulaski County, Missouri</u>
24. FUNERAL DIRECTOR <u>Elliott-Duff, Houston, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 11, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Myrtia Craig</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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FEB 5 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Fred W. Barnes

Licensed Embalmer No.

4614

P. O. Address

Houston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.